man was nearly pulseless, with all the symptoms of suffering from severe shock present in an eminent degree.

"We immediately administered more brandy, tinc. opium and ammonia, and as she aroused a little and consciousness partially returned, we deemed it best to proceed at once with efforts to reposit the uterus. Upon introducing my hand into the vagina, I found the fundus of the uterus resting upon the perineum, though *entirely covered by the external organs.* Carrying the hand farther up, the inversion was found to be *complete*, and the organ pretty firmly contracted. The left hand placed upon the supra-pubic region, detected a tumour there, which, although not round like the fundus of the uterus might, through abdominal parietes of moderate thickness, not unlikely be mistaken for the normally contracted uterus in its natural position. Gentle continuous pressure was now made by the intra-vaginal hand, whilst with the one upon the hypogastrium the anterior lip was hooked or held by the fingers, and counter-pressure exerted so as to prevent injury to the utero-vaginal connection. In a few minutes the neck began to be reflected upon the body, and although some dimpling or depression could be felt in the fundus, reduction took place from the neck to the body, and finally the fundus following the body up through the neck to its natural position. It should be remarked that, notwithstanding the relaxation of the system consequent upon syncope, and although not more than an hour or an hour and a quarter elapsed from the time of the delivery of the child to the complete *re-position* of the inverted uterus, the organic contraction was so firm as to require considerable pressure to carry the body through the os, and reflect the organ upon itself.

"The patient was now laid in a comfortable position, with the head depressed and stimulants and opiates freely given. She soon began to revive, the pulse returned to the wrist, consciousness was restored, and at 3 P. M., about two hours after the operation, I left her with Dr. Lockwood. The amount of blood lost was not great, and was, in my opinion, utterly insufficient to account for the depression which immediately succeeded inversion, and continued for some hours after restoration. Indeed it is not unlikely that the patient would have lost her life from shock had not stimulants been freely and repeatedly given. The vital energies were so much depressed—the pulse not to be felt at the wrist—and the countenance was so ghastly that we did not venture to make the least effort at restoration of the inverted organ until she had taken stimulants freely. And yet there had been very little blood lost—for several days Mrs. R. remained very feeble, with frequent pulse, and tender hypogastrium, but gradually convalesced. Her restoration has been complete, and she is now in good health, nursing her infant and attending to her ordinary domestic duties."

New Suture.—Dr. W. T. S. Cornett, of Versailles, Indiana, describes (*Cincinnati Lancet and Observer*, Aug. 1861) a modification of the suture proposed by Dr. W. L. Atlee. (See No. of this Journal for Jan. 1860, p. 81.) Instead of the gum-elastic ring used by Dr. Atlee, Dr. C. uses a gum-elastic strap, and he prepares needles of steel wire. His directions are as follows:—

"Take the best steel wire, No. 9, such as is used for piano strings, turn an eye on one end, and point the other by means of a file and whetstone; on the eye I make a head with sealing-wax. These pins can be bent with the fingers into any desired curve, to suit irregular surfaces; are sufficiently strong, and can, after their introduction, be easily cut off at the point with wire nippers.

"*Mode of Operating.*—First, pass the pin through the strap near one end, then pass it through the wound, and so soon as the point emerges on the distal side stretch the strap across and apply it on the point of the pin, then push the pin forward until it is arrested by the head coming in contact with the strap on the proximal side of the wound."

Desquamation of the Cuticle in a Living New-born Child.—Dr. Read said (Boston Society for Medical Improvement) he had attended a woman who was prematurely confined in consequence of having fallen down stairs. The hands and feet of the child were denuded of cuticle, which hung from them in shreds. The child was apparently at the eighth month, and lived twenty-four hours.

There was no other sign of disease. The case showed that desquamation of the cuticle is not always a sign that the fœtus has been dead a considerable length of time.—*Boston Med. and Surg. Jl.*, Sept. 12, 1861.

Removal of Five Inches of the Lower End of the Fibula, from a Boy two years and seven months old; Reproduction of Bone; Cure.—Prof. E. S. COOPER relates (*San Francisco Med. Press*, April, 1861) the following case:—

"Master August. J——, admitted into the Pacific Clinical Infirmary, July 18, 1860, for a disease of the tibia, of ten months' standing. The affection of bone was the result of a very slight injury of the limb, a year previously.

Condition of the parts when operated upon.—The limb was swollen to two or three times its normal size, and at times quite painful. Sinuous openings, leading to the bone, were found in different places.

Operation.—An incision, eight inches long, was made on the outer side of the leg, over the spine of the fibula, through the soft parts covering that bone, and continuing to below the external malleolus. The soft parts were then removed with a sharp bone chisel (which, by the way, is the only proper instrument for this purpose). With this instrument, the soft parts are peeled off from the bone, which may, in many instances, be fully exposed, without any transverse section being made, or risk of wounding adjacent bloodvessels or nerves. And it is the transverse incisions that do the injury in all operations upon the extremities. The mere separation of the tissues amounts to comparatively nothing, let the length of the incisions be what it may in effecting this.

The soft parts being removed, the fibula was fully exposed. It was found much diseased, and in the lower part almost as soft as cartilage. Five inches of the lower extremity were removed, including the external malleolus. The bone was divided above, by a large pair of bone forceps, and its attachments below removed by the chisel.

The bone was somewhat enlarged above the point at which it was divided, but not diseased to a sufficient extent to require removal, it being thought that, by having the part exposed, for the purpose of applying medical substances to it, a final cure would be the result. This plan was accordingly resorted to successfully. A piece of lint was applied to the wound, whence the bone was removed, and a roller put around the limb, as tightly as the patient could well bear it, commencing at the toes. This dressing was kept wet with an evaporating lotion, composed of one part of alcohol and ten of water (the best proportions for our climate), for the first ten days. After which the lotion was exchanged for poultices, which were renewed morning and evening. The lint was removed about the time the poultices were first applied, and the wound permitted to fill by granulations. A weak solution of the tr. iodine was applied in the wound, and over the lower part of the limb. Sometimes this caused pain, and required to be used unremittingly, with other applications, as a weak aqueous solution of ferri potas. tart., black lotion, &c. &c.

The patient took iodide of potassium and ext. of conium the first three months after the operation.

The wound gradually healed by granulation, and the strength of the limb has been slowly restored until the present time, March 30, 1861, eight months after the operation. The little patient walks comparatively well, and is all the time improving, with a prospect of its continuance until a complete cure is effected, with an entire reproduction of the lost bone. The solidity of the parts occupying the place of the lost bone is such as to indicate its reproduction, to a great extent, already. But to those familiar with the immense number of cases in which a large amount of bone has been removed (in California), and afterwards restored by reproduction, the result of this case will not be surprising, but it will be considered rather as a matter of course. While our brethren abroad marvel at the manner in which surgeons of this coast '*play with the bones and joints*,' as they express it, the better informed practitioners of this city regard these almost universally successful results, occurring after the removal of large portions of the shafts of the long bones, as results very naturally to be expected."